bundle which transmits light and visual images extending forwardly therefrom and terminating in a tip end and having a midsection therebetween, said fiberoptic bundle passing slidably through said fiberoptic bundle positioning means; and

said fiberoptic bundle positioning means being engaged with said fiberoptic bundle to allow said fiberoptic bundle to slide relative thereto when sufficient axial force is applied to said fiberoptic bundle for adjustably positioning and maintaining said tip end of said 10 fiberoptic bundle relative to said forward tip ends of said stylet and said endotracheal tube.

14. The medical instrument according to claim 13 in which

said endotracheal tube attachment and positioning means and said fiberoptic bundle positioning means comprises a resilient member having a first aperture frictionally and slidably engaged on the exterior of said stylet to allow said endotracheal tube engaged thereon to slide longitudinally relative thereto; and

a second aperture extending through said resilient member defining said fiberoptic bundle positioning means and through which said fiberoptic bundle passes and is frictionally and slidably engaged to allow said fiberoptic bundle to slide relative thereto when sufficient axial force is applied to said fiberoptic bundle for adjustably positioning and maintaining said tip end of said fiberoptic bundle relative to said forward tip ends of said stylet and said endotracheal tube.

15. The medical instrument according to claim 14 in which

said resilient member has an exterior surface configured to frictionally engage either the rearward end of said endotracheal tube or a standard endotracheal tube connector installed in the rearward end of an endotracheal tube, and

to allow disengagement and disconnection of said endotracheal tube or said endotracheal tube having a standard endotracheal tube connector installed in the rearward end thereof upon the application of sufficient axial force relative to one another.

16. The medical instrument according to claim 13 in which

said stylet has a handle portion at said rearward end 45 configured to receive the hand of an operator.

17. The medical instrument according to claim 16 in which

said handle portion comprises a generally cylindrical handle having a forward end, a rearward end, and a central longitudinal bore;

said fiberoptic bundle positioning means is disposed at the rearward end of said handle;

a tubular telescoping fiberoptic scope support arm on said handle having releasable mounting means at an outer end for releasably receiving and mounting said fiberoptic scope thereon; and

said stylet comprises an elongate curvilinear hollow tubular stylet having a rearward end secured to said handle, a forward tip end, and a longitudinal channel extending therethrough coextensive with said handle central bore;

said handle central bore, said fiberoptic positioning means, and said longitudinal channel being sized to allow said fiberoptic bundle to pass slidably therethrough.

18. The medical instrument according to claim 17 in which

said tubular telescoping fiberoptic scope support arm is selectively adjustable in length along its longitudinal axis and said releasable mounting means at the outer end thereof is rotatable about said longitudinal axis.

19. The medical instrument according to claim 17 in which

said endotracheal tube attachment and positioning means comprises a resilient member having a central aperture frictionally and slidably engaged on the exterior of said stylet to allow said endotracheal tube engaged thereon to slide longitudinally relative thereto upon the application of sufficient axial force relative to one another.

20. The medical instrument according to claim 19 in which

said resilient member has an exterior surface configured to frictionally engage either the rearward end of said endotracheal tube or a standard endotracheal tube connector installed in the rearward end of an endotracheal tube, and

to allow disengagement and disconnection of said endotracheal tube or said endotracheal tube having a standard endotracheal tube connector installed in the rearward end thereof upon the application of sufficient axial force relative to one another.

21. The medical instrument according to claim 17 in which

said fiberoptic bundle positioning means comprises a resilient member having a central aperture through which said fiberoptic bundle passes and is frictionally and slidably engaged therewith to allow said fiberoptic bundle to slide relative thereto when sufficient axial force is applied to said fiberoptic bundle for adjustably positioning and maintaining said tip end of said fiberoptic bundle relative to said forward tip ends of said stylet and said endotracheal tube.

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